generator_name	PATRICK LABEL PRINTING CO	
lc_name:	PATRICK LABEL PRINTING CO	
lc_calc_volume:	1.4676 tons	
manifest_number	manifest_quantity_ton	
86534564	0.3 tons	-
86544010	0.10425 tons	2
86544230	0.1251 tons	
87114340	0.1251 tons	
87118668	0.22935 tons	
88345370	0.2085 tons	-2-3
88615427	0.1251 tons	
88677593	0.1251 tons	-2.55
88683279	0.1251 tons	

	(c) resident. Health and Waltara Agency es print or trans. (Form designed for use on ellis (12-bitch) fyraunites).					ces Control Division Bramento, California
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	3. Censiator's Name and Mailing Address PA 'RTCK/LAHELING SYSTEMS and 2873 W. 7th St., Los Angeles, Ca. 90005 4. Generator's Phone (213) 383-0128			a (otto)E)	(5)2((2:00)	
	5. Transporter 1 Company Name OMEGA RECOVERY SERVICES 7. Transporter 2 Compan, Name 8. USEPAID Number 8. USEPAID Number 8. USEPAID Number 1.	10011				
	9. Designated Facility Name and Site Address 10. USEPAID Number OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. Whittier. Ca. 90602 CA D 0 422 4 5	10 01	(A) (1) (2)	Feelilley (10) (10/42/2/4/5) (By a Phone (1-3)/69(8—(991	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Conta	Type	13. Total Quantity	Unit Wt/Vol	Waste No.
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	d.	ا ا		F-1-1-1-1		
	J. Additional Descriptions for Malariais Listed Above			Mag Cosine for LOT	Mabijas	inted Above
	15. Special Handling Instructions and Additional information		THE SHEET ST			
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are furproper according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation under Sertica 3002(b) of RCRA, I also certify that I have a program in place to reduce that determined to be economically practicable and I have selected the method of treat	n from the	duty to	make a waste	minimiza	ation certification
V	minimizes the present and future threat to human health and the environment. Printed Typed Name Signature Signature	15	ave	por		Month Day Year
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ATER	Printed/Typed Name Signature					Month Day Year
FAC-	27					
Y	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by the Stinted/Typed Name STEVEN SIMPSON	nis manifest	except	as noted in its	em 19.	Month Day Year

State of California—Health and Welfare Agency

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Department of Health Services Toxic Substances Control Division

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3. Generator's Name and Mailing Address			ie Manifesi Doc		umber
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4. Generator's Phone (213) 383-1028	11.0	€ CA	x00011224		
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OMEGA RECOVERY SERVICES CAPPARAD	ppp	O: Tra	eporter a Phote	Z113//	98=099I
7. Transporter 2 Company Name 8. US EPA ID Numb	er	E Sta	e Transporter's	ID .	14.1
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J. Additional Descriptions for Materials Listed Above		CHA	dling Codes for	Wasles	Listed Above
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15. Special Handling Instructions and Additional Information	=,==,==				1
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16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are ful proper shipping name and are classified, packed, marked, and labeled, and are in all respects	ly and accu	rately	described above	by	171
according to applicable international and national government regulations.					
United them a small quantity generator who has been exempted by statute or regulation	from the	duty to	make a waste	minimiz	ation certification
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minimizes the present and future threat to human health and the environment.					
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19. Discrepancy Indication Space					
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20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by the Printed/Typed Name Signature	1	1	2		Month Day Year
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DHS 8022 A (11/85) (EPA 8700-22)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To P.O. Box 3000, Socramento CA 95812

State of California—Heship and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services Toxic Substances Control Division Sacramento, California

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	Generator's Name and Mailing Address PATRICK LAREL PRINTING	ngeles, Ca 90005	5 0 0 1 nber	A Sta C Sta C Sta D Tra E Ota F Tra G Sta		30 12240 10 \$30 2137 10)32K
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	J. Additional Descriptions for Meterials, Listed Above Perchloroethylene Butanol Photo "Resin" 15. Special Handling Instructions and Additional Information			K Hare	Mera Codes for	Wastes Li	stad Above
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To: P.O. Box 3000, Sacramento, CA 95812

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EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

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To: P.O. Box 3000, Sacramento, CA 95812

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	¥.		1.7	12. Con	ainera	13. Total Quantity	14. Unit Waste No
11. US DOT Description (Including	g Proper Shipping	Name, Hazard Class	i, and ID Number)	No.	Туре	Country	WI/Vol 学用证
a			F.A.			\$4 51	State
WASTE ORM-A	NOS	NA 1693	ORM-			참	EPA/Other
(FLEXOSOLVEN	T)			0 0 0 1	DM	<u> </u>	G State
b.			i		1	.9	
					1.1.	7	EPA/Other
C							State
2.5						Na.	EPA/Other
	3 .					新 1 1	
d.			10.7				State
					1	1	EPA/Other
		<u> </u>				1	A CONTRACT
J. Additional Descriptions for Ma	terials Listed Abov		7 1		la.	-	Vastes Listed Above
11. 37			1.1		0	B	V 35 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
==					С.	N. C.	d
<u>l</u> .,					İ	1	A Common Com
15. Special Handling Instructions	and Additional Infe	ormation				87 76	
						ğ	
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				h h		5	
16. GENERATOR'S CERTIFICA	TION: I hereby	declare that the co	ntents of this cor	signment are fully	nd accuratel	y described	above by proper shipping
name and are classified, p	acked, marked, a	and labeled, and a	re in all respects	In proper condition	n for transpo	rt by highwa	y according to applicat
If I am a large quantity gen	erator, I certify th	nat I have a progra	m in place to red	uce the volume an	d toxicity of v	vaste gener	ated to the degree I have
determined to be economic me which minimizes the pr	ally practicable esent and future	and that I have se Ihreat to human he	lected the practi- aith and the env	cable method of tr ironment; OR, if I a	eatment, stor m a small qu	age, or disp antity gener	iosal currently available ator, thave made a go
faith effort to minimize my	vaste generation	and select the bes	t waste managen	ent method that is	available to	me and that	i can afford.
Printed/Typed Name			Signature	2.0	_	ři.	Month Day
	ODAL B	PAK		ong	Som	pas	101312131
17. Transporter 1 Acknowledgem	ent of Receipt of I	Materials	1			1	
Printed/Typed Name	1-044		Signature	- 4	_		Month Day
18. Transporter 2 Acknowledgem		WPE Z	the file	m X	her.	Re .	PISED
Printed/Typed Name	en or receipt or		Signature				Month Day
T TRICE TYPES TRAINS						1	1 1 1 1 1
)				-	(r)	
19. Discrepancy Indication Space						4	
19. Discrepancy Indication Space						7	
19. Discrepancy Indication Space						2	
						P.	
20. Facility Owner or Operator C	artification of recei	ipt of hazardous mat		this manifest excep	aprotect in h	om 18	
20. Facility Owner or Operator C	ertification of recei	ipt of hazardous mat	erials covered by	this manifest except	agrapters in H	em 19	Month Day